

**Community Service Network 7 Meeting  
DHHS Offices, Biddeford  
January 8, 2008**

**Approved Minutes**

**Members Present:**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Don Burns, AIN</li> <li>• Jennifer Goodwin, CSI</li> <li>• Lois Jones, CSI</li> <li>• W C Martin, Common Connection/CCSM</li> <li>• Deanna Mullins, Goodall Hospital</li> </ul> | <ul style="list-style-type: none"> <li>• Mark Jackson, Harmony Center</li> <li>• Elizabeth Sjulander, Saco River Health</li> <li>• Chris Souther, Shalom House</li> <li>• Rita Soulard, SMMC</li> </ul> | <ul style="list-style-type: none"> <li>• Mary Jane Krebs, Spring Harbor</li> <li>• Jen Ouellette, York County Shelters</li> </ul> |
|--|---|---|

**Members Absent:**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Center for Life Enrichment (vacant)</li> <li>• Creative Work Systems</li> </ul> | <ul style="list-style-type: none"> <li>• Jeanne Mirisola, NAMI-ME Families (excused)</li> <li>• Job Placement Services, Inc.</li> </ul> | <ul style="list-style-type: none"> <li>• VOA (excused)</li> <li>• York Hospital</li> </ul> |
|--|---|--|

**Others/Alternates Present:** Ron St. James, DHHS

**Staff Present:** DHHS/OAMHS: Don Chamberlain, Carlton Lewis, William Nelson. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The November minutes were approved as written.
III. Transportation/Rep Payee Subcommittee Report	<p><b>Rep Payee/Transportation</b></p> <p>Wayne could not be present, but emailed a brief progress report on the rep payee issue. He made some contacts in other states to see if any had any innovative methods, but none seemed to be perfect. Also, he checked with one of the local banks and though they could set up accounts with regular payments, clients would have control and could stop payments or withdraw funds at will. They could also refuse to set up payment accounts, such as rent.</p>
IV. Develop Work Plan	This item was not discussed.
V. Budget	<p><b>Curtailments SFY 2008</b></p> <p>Don began the budget discussion with the curtailments ordered by the Governor on Dec. 18, 2007. Detailed information was provided to members at that time as to the services and providers affected. OAMHS' portion of the curtailments totaled over \$1.05M in general funds ("grant" funds). He explained OAMHS' decision to cut grant funds for services that are also covered by MaineCare or are not direct services to consumers (e.g. NAMI-ME) and to leave harmless those that have no other payor (e.g. peer services). All levels of community integration services, outpatient, specialized group, and specialized individual services were reduced by 25%.</p> <p>He further clarified that, after some confusion on the issue, it has been determined that it is acceptable to move funds from one line (or service) to another within the services affected by the curtailments. It is possible for an agency with more than one general fund contract to raise one and lower the other.</p>

Agenda Item	Presentation, Discussion
	<p>Comments:</p> <ul style="list-style-type: none"> <li>Lois shared the impact of the curtailments on CSI: They are in the process of discharging 75 community integration clients who were being supported by grant dollars, now cut, and that may not be enough. Q to Lois: Where will they go? A: Don't know...</li> </ul> <p><b>SFY 2009 Supplemental Budget</b>  Don reported that the Supplemental Budget proposed by the Governor 'annualized' the curtailments—the services cut by one-quarter (25%) in SFY 2008 will be multiplied by four, resulting in a 100% cut in SFY 2009. In other words, no grant dollars will be available for those services. He reminded that the Supplemental Budget is proposed—the legislature will decide what will pass—and the outcome is unpredictable.</p> <p>Results of other initiatives show up in the Budget, he said—streamlining and the recommendations of the three budget work groups. The proposal that each CSN would have only one CI provider is “still in,” through obtaining a federal waiver and going through the RFP (Request for Proposals) process would take at least a year. The chance to realize any savings in SFY 2009 is low.</p> <p>Don mentioned that OAMHS must provide community integration services for class members who want or need the service. OAMHS is in discussion with its attorneys to determine what else OAMHS must provide for class members.</p> <p>Comments:</p> <ul style="list-style-type: none"> <li>A member stated that this will not save money, since ER visits, hospitalizations, jail stays, etc., will increase.</li> <li>Is there a way to look at the MaineCare application process to reduce the bridging option? If all of the paperwork is together, why must it take 45 days?</li> <li>Getting the required psychiatric evaluation without a payor is a problem. Another member added that “a rather unclear way to get that paid for” was given at a recent MaineCare training. It still takes weeks or months.</li> </ul> <p>Don said, “It sounds like we ought to do some work with MaineCare.”</p>
<p>VI. Case Management: Federal Direction</p>	<p>Members received three documents pertaining to the definition of covered case management services recently released by CMS (Centers for Medicare&amp; Medicaid Services): 1) the Fact Sheet on the interim final rule published by CMS; 2) the pertinent portion of Section 17 MaineCare manual on Community Integration (CI) case management; and 3) details of the impact on OAMHS and current practice, if the CMS interim final rule does apply to CI case management services.</p> <p>Of particular concern are those activities now included in the newly defined direct service category, and not allowable under case management—such as accompanying clients to medical appointments, court appointments, grocery shopping, etc. OAMHS estimates that approximately 20% of the services they expect to be provided and are provided under CI falls into that category.</p> <p>Lois Jones took part in the drafting of the Section 17 rules (some years ago) and informed the group that the language “problem-solving supports” was included to allow CI workers to do these activities as part of case management. If this interim final rule does apply to CI case management, the service will change dramatically—to a “brokerage,” rather than the effective relationship-based service it is now.</p>

Agenda Item	Presentation, Discussion
	OAMHS has requested a clarification from CMS on whether the rule in fact pertains to current Section 17 CI case management services.
VII. Legislative Update	<p>Two relevant legislative items currently pending:</p> <p><b>LD 2107 - Bill proposed by OAMHS creating a forensic case review panel</b> to review any violent act in the community committed by any current or former consumer of mental health services. Dr. Ann LeBlanc would be the lead on that panel.</p> <p><b>LD 1967 - Bill making the Consumer Council System of Maine a quasi-governmental agency</b> legitimizing the Council legally and giving it more standing.</p>
VIII. Consent Decree Report	<p>Don reported that the Court Master indicated areas of concern in his last report to the Court, including:</p> <ol style="list-style-type: none"> <li>1. Gaps in core services: Must be fully identified, and OAMHS is to request sufficient funding to meet those needs.</li> <li>2. Contract with APS Healthcare: Though OAMHS worked with the Court Master throughout the contract process, it did not receive his final approval before the contract was signed. The Court Master filed his disapproval with the Court, and Justice Mills has scheduled a hearing during which OAMHS must show why it should not be held in contempt. OAMHS believes it acted in good faith, and hopes to address the Court Master's concerns without the need for a court hearing. Don furthered explained that the Court Master's concerns revolve around making sure the contract with APS strengthens enforcement of the Consent Decree as much as possible. OAMHS is currently engaged in negotiations with the Court Master about language in amendments to the APS contract.</li> </ol> <p>Comments:</p> <ul style="list-style-type: none"> <li>• It's been a huge adjustment with the ASO (APS Healthcare). It has added a significant amount of time for paperwork, trying to comply.</li> <li>• Plus, APS wasn't ready.</li> <li>• The process was too hurried.</li> </ul>
IX. Other	Any updates from System Redesign [budget work group]? Commissioner Harvey will present recommendations of the work groups to the Health & Human Services Committee on January 15.
X. Public Comment	There were no comments from members of the public.
XI. Agenda for Next Meeting	<p>MMC/Vocational Services – Employment Initiative</p> <p>Budget/Legislative Update</p> <p>Transportation/Rep Payee Subcommittee Report</p>